

REPORT TO THE
SENATE APPROPRIATIONS COMMITTEE
ON HEALTH AND HUMAN SERVICES
HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEE
ON HEALTH AND HUMAN SERVICES
THE FISCAL RESEARCH DIVISION
AND
THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

ON

LOCAL MANAGEMENT ENTITIES
CRISIS SERVICES PLANS

Session Law 2006-66
Senate Bill 1741, Section 10.26. (f)

November 30, 2006

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

A Report on LME Crisis Service Plans

Submitted 11/30/06

The General Assembly passed Senate Bill 1741, Section 10.26 (Session Law 2006-66) that appropriated funds and gave legislative requirements regarding the planning and development of a continuum of crisis services for mental health, developmental disabilities, and substance abuse consumers of all ages who are in need of crisis services. This report covers the actions that have been taken through September 30, 2006 to carry out the provisions of Section 10.26.

Section 10.26(a) Of the funds appropriated in this act to the Department of Health and Human Services, the sum of five million two hundred fifty thousand dollars (\$5,250,000) for the 2006-2007 fiscal year shall be allocated on a per capita basis and shall be used by area authorities and county programs for operational start-up, capital, or subsidies related to the development and implementation of a plan for a continuum of regional crisis facilities and local crisis services ("crisis plan"). Funds not expended during the 2006-2007 fiscal year shall not revert to the General Fund but shall remain available for the purposes outlined in this section. As used in this section, the term "crisis" includes services for individuals with mental illnesses, developmental disabilities, and substance abuse addictions.

These funds (\$5,250,000) for implementation of crisis services will be allocated after each LME has submitted its crisis service plan for approval by the Secretary of the Department of Health and Human Services (DHHS) as required by Section 10.26(e) on page six of this report. If the Secretary approves the local crisis services plan, the Local Management Entity (LME) shall receive implementation funding.

In addition, the General Assembly appropriated \$7,000,000 to be distributed to LMEs such that each LME receives a percentage of the total allocation that is equal to that LMEs percentage of the State's total population below the poverty level. LMEs may use these funds to pay for mental health, developmental disabilities or substance abuse crisis services provided to non-Medicaid eligible adults and children who are indigent and have no other third-party payment source. These funds have been budgeted in a separate sub-account for each disability group to facilitate tracking of expenditures by type and amount of crisis services delivered. See Attachment 1 for the amount allocated to each LME.

Section 10.26(b). Of the funds appropriated in this act for consultants to aid the Division and LMEs to the to the Department of Health and Human Services, the sum of two hundred twenty-five thousand dollars (\$225,000) for the 2006-2007 fiscal year shall be used by the Department to enter into one or more personal service contracts to provide technical assistance to Local Management Entities to develop and implement the crisis plans required under subsection (a) of this section. In addition to any other factors the Department determines are relevant when selecting the consultant, the Department shall take into consideration whether an applicant has prior experience evaluating crisis services at a local, regional, and statewide level, prior experience assisting State and local public agencies develop and implement crisis services, and the ability to implement its responsibilities within the time frames established under this section. Funds not expended during the 2006-2007 fiscal year shall not revert to the General Fund but shall remain available for the purposes outlined in this subsection.

A request for proposals (RFP NO. 30-MH3120-07) was issued by DHHS on September 6, 2006 with a response date of September 27, 2006 for a consultant or consultants to provide technical assistance to LMEs to develop and implement plans for a continuum of regional crisis facilities and local crisis services. Proposals for this technical assistance have been received and reviewed. It is anticipated that a contract will be in place by the end of November.

Section 10.26(c) No later than August 15, 2006, the Secretary shall designate between 15 and 25 appropriate groupings of LMEs for the development of regional crisis facilities. As used in this section, the term "regional crisis facility" means a facility-based crisis unit that serves an area that may be larger than the catchment area of a single LME, but that provides adequate access to a facility by all consumers in the State. The Secretary shall consult with LMEs in determining the regional groupings. The Secretary shall also take into consideration geographical factors, prior LME groupings and partnerships, and existing community facilities.

All LMEs were consulted regarding the LMEs with which they wished to partner regarding the development of regional crisis facilities. (Memo 7/7/06 from Mike Moseley to Area Directors). Responses were received from all LMEs. On 8/10/06, the Secretary designated fifteen groupings of LMEs for the purpose of planning how to address the development of a continuum of crisis services.

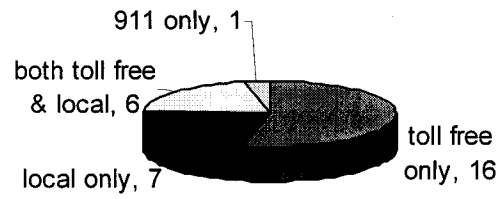
The groupings are as follows: (1) Alamance-Caswell-Rockingham, Durham, Five County, OPC; (2) Albemarle, Tideland; (3) Catawba, Crossroads, Foothills, Pathways; (4) CenterPoint; (5) Cumberland, Johnston, Southeastern Regional, Wake; (6) Eastpointe; (7) Edgecombe-Nash, Neuse, Pitt, Roanoke-Chowan, Wilson-Greene; (8) Guilford; (9) Mecklenburg; (10) New River; (11) Onslow-Carteret, Southeastern Center; (12) Piedmont; (13) Smoky Mountain; (14) Western Highlands; (15) Sandhills.

Each of these crisis service planning groups identified a lead person to represent their LME or group of LMEs on an Advisory Committee being established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS). In addition, each LME was requested to submit an inventory of current crisis services. These inventories were received from all LMEs by DMH/DD/SAS in early September.

Information from Inventories of Local Crisis Services (September 2006)

Each of the following charts shows a type of crisis service and the number of LMEs that currently have that type of crisis service.

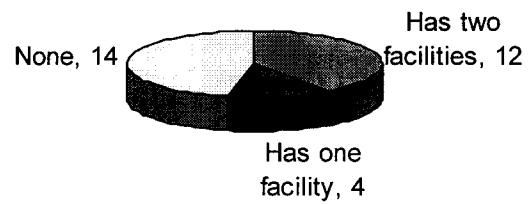
24 hr. Crisis Phone Line



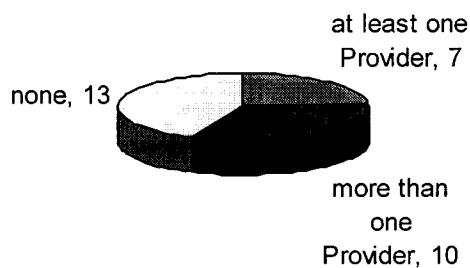
Mobile Crisis



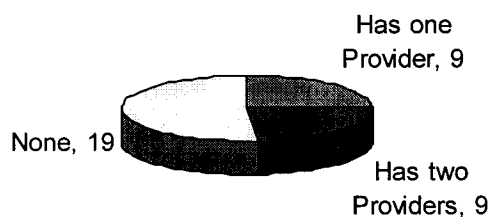
Facility Based Crisis Services



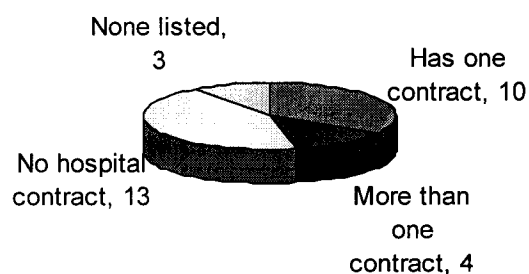
Crisis Respite



23 hr/Observation Beds



Local Inpatient



SECTION 10.26 (d). With the assistance of the consultant the area authorities and county programs within a crisis region shall work together to identify gaps in their ability to provide a continuum of crisis services for all consumers and use the funds allocated to them to develop and implement a plan to address those needs. At a minimum, the plan must address the development over time of the following components: 24-hour crisis telephone lines, walk-in crisis services, mobile crisis outreach, crisis respite/residential services, crisis stabilization units, 23-hour beds, facility-based crisis, in-patient crisis, and transportation. Options for voluntary admissions to a secured facility must include at least one service appropriate to address the mental health, developmental disability, and substance abuse needs of adults, and the mental health, developmental disability, and substance abuse needs of children. Options for

involuntary commitment to a secured facility must include at least one option in addition to admission to a State facility.

If all area authorities and county programs in a crisis region determine that a facility-based crisis center is needed and sustainable on a long-term basis, the crisis region shall first attempt to secure those services through a community hospital or other community facility. If all of the area authorities and county programs in the crisis region determine the region's crisis needs are being met, the area authorities and county programs may use the funds to meet local crisis service needs.

SECTION 10.26 (e) Each LME shall submit its crisis services plan to the Secretary for review no later than March 1, 2007. The plan shall take into consideration and attempt to utilize all other sources of funds in addition to the funds appropriated under this section. The Secretary shall review each plan to determine whether it meets all the requirements of this section. If the Secretary approves the plan, the LME shall receive implementation funding.

The Department may allocate up to three percent (3%) of the funds appropriated under subsection (a) of this section to LMEs to assist them with the cost of developing their crisis services plans.

These legislative requirements [Section 10.26 (d) and 10.26(e)] will be incorporated into a uniform template to be used for all of the required crisis plans.

SECTION 10.26(f) LMEs shall report monthly to the Department and to the consultant regarding the use of the funds, whether there has been a reduction in the use of State psychiatric hospitals for acute admission and any remaining gaps in local and regional crisis services. The consultant and the Department shall report quarterly to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Fiscal Research Division, and the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services regarding each LME's proposed and actual use of the funds appropriated under this section. The reporting requirements under this subsection shall expire July 1, 2008.

This report covers the first quarter of fiscal year 2006-2007. It does not address the use of funds since allocations were not made until September. Quarterly reports regarding use of crisis funds, use of State hospitals for acute admissions, and remaining gaps in crisis services will be submitted by February 28, 2007, May 31, 2007 and August 31, 2007.

SFY 06-07 Allocation of State Services Dollars for Crisis Services Attachment 1

Area Program	MH State Service 1290-536996	DD State Service 1390-536996	SA State Service 1490-536996	Gen Prog Svcs Piedmont & Smoky Mtn 1590-536995	Total State Service
Alamance-Caswell-Rockingham	84,736	42,368	84,736		211,840
Albemarle	44,985	22,492	44,985		112,462
Catawba	37,058	18,529	37,058		92,645
CenterPoint	115,874	57,937	115,874		289,685
Crossroads	64,729	32,365	64,729		161,823
Cumberland	106,288	53,144	106,288		265,720
Durham	83,407	41,704	83,407		208,518
Eastpointe	130,206	65,103	130,206		325,515
Edgecombe-Nash	64,726	32,363	64,726		161,815
Five County	106,530	53,265	106,530		266,325
Foothills	72,551	36,275	72,551		181,377
Guilford	126,254	63,127	126,254		315,635
Johnston	44,976	22,488	44,976		112,440
Mecklenburg	182,989	91,495	182,989		457,473
Neuse	43,539	21,770	43,539		108,848
New River	63,724	31,862	63,724		159,310
Onslow-Carteret	67,717	33,858	67,717		169,292
OPC	70,868	35,434	70,868		177,170
Pathways	112,509	56,255	112,509		281,273
Piedmont*				387,522	387,522
Pitt	75,942	37,971	75,942		189,855
Roanoke-Chowan	43,641	21,821	43,641		109,103
Sandhills	181,558	90,779	181,558		453,895
Smoky Mountain*				167,547	167,547
Southeastern	102,135	51,067	102,135		255,337
Southeastern Reg.	155,850	77,925	155,850		389,625
Tideland	53,808	26,904	53,808		134,520
Wake	139,275	69,637	139,275		348,187
Western Highlands	152,687	76,343	152,687		381,717
Wilson-Greene	49,410	24,706	49,410		123,526
Raleigh Reserve					0
Total	2,577,972	1,288,987	2,577,972	555,069	7,000,000